

U.S. Department of Justice
United States Marshals Service

PLAINTIFF UNITED STATES OF AMERICA	COURT CASE NUMBER CR No. 03-12438-PBS
DEFENDANT 88 Lovells Lane, Marstons Mills, Massachusetts	TYPE OF PROCESS Complaint and Warrant & Monition
SERVE → AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Cape Cod Five Cents Savings Bank
	ADDRESS (Street or RFD, Apartment No., City, State, and ZIP Code) 19 West Road, P.O. Box 10, Orleans, MA 02653

SEND NOTICE OF SERVICE TO REQUESTER AT NAME AND ADDRESS BELOW:	Number of process to be served with this Form - 285
Shelby D. Wright, Assistant U.S. Attorney United States Attorney's Office John Joseph Moakley United States Courthouse 1 Courthouse Way, Suite 9200 Boston, MA 02210	Number of parties to be served in this case
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Address, All Telephone Numbers, and Estimated Times Available For Service)

Please serve the attached Verified Complaint and Warrant & Monition upon the above-referenced entity by certified mail, return receipt requested.

LJT x3283

04-DEA-429502

Signature of Attorney or other Originator requesting service on behalf of : <i>Shelby D. Wright</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER (617) 748-3100	DATE 11/10/04		
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE					
I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process No. <u>38</u>	District of Origin No. <u>38</u>	District to Serve No. <u>38</u>	Signature of Authorized USMS Deputy or Clerk <i>Shelby D. Wright</i>	Date <u>11/10/04</u>

I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc. at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below).

Name and title of individual served (If not shown above).			<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.		
Address (complete only if different than shown above)			Date of Service <u>11/10/04</u>	Time am pm	
			Signature of U.S. Marshal or Deputy <i>Shelby D. Wright</i>		
Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount Owed to US Marshal or Amount or Refund

REMARKS: 216104 #7002 0510 0004 3542 5903

2110104 Delivery date

SCANNED

DATE

3-8-04

BY

PRIOR EDITIONS MAY BE USED

1. CLERK OF THE COURT

FORM USM 285 (Rev. 12/15/80)